|  | PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  plication or Docket Number  09844524  USB 10225 |   |              |                    |                                 |                  |    |            |                        |          |                     |                         |          |
|--|---|---|--------------|--------------------|---------------------------------|------------------|----|------------|------------------------|----------|---------------------|-------------------------|----------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |   |              |                    |                                 |                  |    | SMALL EI   | ITITY                  | OR       | OTHER<br>SMALL      |                         |          |
| TOTAL CLAIMS 21  |   |   |              |                    |                                 |                  |    | RATE       | FEE                    | 1        | RATE                | FEE                     |          |
| FOR  |   |   | NUMBER FILED |                    | NUMBER EXTRA                    |                  |    | BASIC FEE  | 355.00                 | OR       | BASIC FEE           | 710.00                  |          |
| TOTAL CHARGEABLE CLAIMS  |   |   | 21 minus 20= |                    | • /                             |                  |    | X\$ 9=     |                        | OR       | X\$18=              | 1800                    |          |
| INDEPENDENT CLAIMS   |   |   | 3 minus 3 =  |                    | •                               | 2                |    | X40=       |                        | OR       | X80=                | 160.00                  | ı        |
| MU   | LTIPLE DEPEN  | DENT CLAIM PI                             | IESENT       |                    |                                 |                  |    | +135=      |                        | OR       | +270=               |                         | :<br>•   |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |   |   |              |                    |                                 |                  |    | TOTAL      | · ·                    | OR       | TOTAL               | 988 W                   |          |
| 12-8-03 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |   |   |              |                    |                                 |                  | ı  | SMALL      | ENTITY                 | OR       | OTHER<br>SMALL      | THAN                    |          |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | PREVI              | EST<br>BER<br>OUSLY<br>FOR      | PRESENT<br>EXTRA |    | RATE       | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FIXE |          |
|  | Total   | . 21                                      | Minus        | ** 0               | 21                              | - /              |    | X\$ 9=     |                        | OR       | X\$18=              |                         |          |
|  | Independent   | • #                                       | Minus        | •••                | 5                               | = 2              | 1  | X40=       |                        | OR       | x8 <b>6</b> =//     | 712°                    |          |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA  |   |              |                    |                                 |                  | ]  | +135=      |                        | 1        | +2/0=               | 10                      |          |
|  |   |   |              |                    |                                 |                  |    | TOTAL      |                        | OR<br>OR | TOTAL               | 141)                    | Pod      |
| 6  | 5-8-04 (Column 1) (Column   |   |              |                    |                                 | (Column 3)       | ١  | ADDIT. FEE |                        | 10       | ADDIT. FEE          | 110-                    | 129      |
| AMENOMENT B  | 1   | CLAIMS REMAINING AFTER AMENDMENT          |              | HIG<br>NUI<br>PREV | HEST<br>MBER<br>HOUSLY<br>FOR   | PRESENT<br>EXTRA |    | RATE       | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE  |          |
|  | Total   | . 22                                      | Minus        | 0                  | 21                              | = /              |    | X\$ 9=     |                        | OR       | X\$18=              | 182                     |          |
|  |   | · 7                                       | Minus        |                    | 7_                              | =                | 1  | X40=       |                        | OR       | X80=                |                         |          |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT C  |   |              |                    |                                 |                  | _j | +135=      |                        | OR       | +270=               |                         |          |
| , and the second |   |   |              |                    |                                 |                  |    | TOTAL      |                        | OR       | TOTAL<br>ADDIT. FEE | 1800                    | not pais |
| 1  | 0-29-04 (Column 1) (Column 2) (Column 3)  |   |              |                    |                                 |                  | )_ | ADDIT. FEE |                        |          | AUUII. PE           |                         |          |
| IDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIG<br>NUI<br>PREV | HEST<br>MBER<br>TOUSLY<br>D FOR | PRESENT<br>EXTRA |    | RATE       | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE  |          |
| OM<br>M  | Total   | . 22                                      | Minus        | " 0                |                                 | = /              |    | X\$ 9=     |                        | OR       | X\$18=              | 1800                    |          |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Minus

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

TOTAL ADDIT. FEE ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Independent

OR

OR

OR

X40=

+135=

X80=

+270=

TOTAL